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BOROUGH OF ILKESTON.

Annual Health and
School Medical
Report

For the Year 1924,

BY

R. De VEIL KING,

Medical Officer of Health, Medical Superintendent of
the Isolation Hospital, Superintendent of Maternity
Home, and School Medical Officer.

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BOROUGH OF ILKESTON.



HEALTH, MATERNITY & CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor	Councillor C. V. MOORE
A. HENSHAW)	„ J. H. MILLARD
Councillor J. WOOLLEY (<i>Chairman</i>)	„ L. MIDGLEY
Alderman A. HENSHAW	„ J. RICHARDSON
„ W. SHAKSPEARE	„ J. E. SMITH
„ S. SHAW	„ W. SMITH
„ E. SMITH	„ A. WORSNOP (elected)
Councillor H. E. BEARDSLEY	Mrs. W. BOSTOCK
„ H. O. BISHOP (retired)	„ McINTYRE
„ G. H. BROUGHTON	„ MITCHELL
(elected)	„ S. SHAW
„ W. CUTTS	„ R. H. STARR
„ F. KENWARD (retired)	„ S. SHELLEY
„ W. LACEY	„ L. SQUIRES

GENERAL WORKS & HOUSING COMMITTEE.

THE MAYOR (Councillor	Councillor F. KENWARD (retired)
A. HENSHAW)	„ W. LACEY
Alderman MOSS (<i>Chairman</i>)	„ J. A. MACDONALD
„ S. SHAW	„ S. MANNERS
„ E. SMITH	„ J. H. MILLARD
„ W. TATHAM	„ J. PROCTOR
Councillor H. E. BEARDSLEY	„ J. RICHARDSON
„ H. O. BISHOP (retired)	„ J. E. SMITH
„ G. H. BROUGHTON	„ W. SMITH
(elected)	„ A. WORSNOP (elected)
„ W. CUTTS,	

PUBLIC HEALTH STAFF (1924).

Medical Officer of Health and Superintendent of the Isolation Hospital :—

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.

Obstetric Physician to Maternity Home and Medical Officer to Central Welfare Centre :—

ARTHUR DOBSON, M.R.C.S., L.R.C.P.

Tuberculosis Officer (appointed by Derbyshire County Council :)—

B. S. NICHOLSON, M.D., D.P.H.

Senior Sanitary Inspector :—

JOSEPH B. DURO, C.R.S.I.

Junior Sanitary Inspector :—

WILLIAM SHAW, C.R.S.I.

Health Visitors and School Nurses :—

Miss M. E. SHERLOCK, C.M.B.

Miss M. A. SHAKSPEARE, C.M.B.

Miss H. BLAIR, C.M.B.

Matron, Isolation Hospital :—

Miss A. M. JOHNSTON.

Matron of Maternity Home :—

Miss M. J. WALLEY, A.R.R.C., C.M.B. (resigned Nov. 30th)

Miss L. WELLS, C.M.B. (appointed Dec. 1st.)

Tuberculosis Nurse and Inspector of Midwives (appointed by Derbyshire County Council).

Miss R. HANKINSON, C.M.B.

Clerks :—

Miss L. TRUEMAN

Miss E. SISSON (resigned).

Miss H. CLARKE (appointed).

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH, MATERNITY
AND CHILD WELFARE AND HOUSING COMMITTEES OF THE
BOROUGH OF ILKESTON.

TOWN HALL,
ILKESTON,
May, 1925.

MR. CHAIRMAN LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1924. It is pleasing to report that the Vital Statistics of the year for the Borough show the lowest Infant Mortality on record. Twenty-five years ago, in the year 1900, the Infant Mortality Rate was 184, last year it was 75. A variety of reasons may be put down as to the causes of this greatly reduced rate, but better sanitation in its widest sense, and the dissemination of knowledge amongst the people in the laws of health by the Corporation Health Officials, take, I am convinced, the premier places as to the reasons of this encouraging reduction of Infant Deaths. There would be a greater reduction still if certain of the parents appreciated the moral responsibility of obtaining medical advice and treatment early during infantile complaints. Doctors are not infrequently summoned to attend a child in the last stages of illness preceding death. Is this late summons the outcome of parental ignorance or parental neglect, or for the purpose of obtaining a statutory certificate of death without the unpleasantness of a Coroner's Inquiry?

The other Vital Statistics of the Borough compare favourably with those of the County and England and Wales as a whole. Comparative Tables of these and the local statistics by wards will be found in the body of this Report. The latter are interesting and show amongst other things the disadvantages of overcrowding, particularly its effect on death rates, and should spur the Council into greater efforts to relieve the housing shortage, not only for health reasons, but for the sake of the morals of the people, whose standard of decent living will remain low so long as the sexes are herded together under conditions which are a disgrace for a civilised nation. The Council are continuing to expend money in increasing the amenities of the people by constructing

Recreation Grounds, Tennis Lawns and Public Baths, but with the exception of the latter, these desirable amenities benefit a portion only of the 33,620 inhabitants of the town who very largely do not have to live under conditions of overcrowding.

During the year the Committee sanctioned a local Health Week on a larger scale than usual lasting four days. The first day was devoted to a Baby Show and the judging of babies who survived the preliminary heats of the previous week. The Show was kindly opened by Dr. Jane Turnbull, M.D., of the Ministry of Health (150 babies were entered for the Show). On the second day Health Propaganda films suitable for adults were shown for two and half hours ; the third day was devoted to the showing of health films to School children between the ages of 10 to 14 ; and the fourth day closed with a popular lecture given by Dr. C. S. Thompson, the Medical Officer of Health of Deptford.

Every day from 11 a.m. to 9 p.m., the Derbyshire County Council's Infant Welfare Exhibition was on view in the Town Hall. Lectures on the exhibits were given during school hours to the senior girls of the schools by the County Council's Lecturer. Competitions for mothers, fathers and children were also arranged. This propaganda work on health matters should do good.

I beg to thank the Committee for their support during the year and also all the members of the Public Health Staff who have performed their duties conscientiously and well, and have therefore made my tasks correspondingly lighter.

Yours obediently,

R. DE V. KING.

GENERAL STATISTICS.

Area (in acres—land and inland water)	2,526
Population :—	
Census 1911	31,657
Census 1921	32,266
Estimated 1924 (Registrar General's Estimate)	33,620
No. of Inhabited Houses (Census 1921, 6680) ..	6,958
No. of persons per acre	13.3
Rateable Value	£117,491
Rates in the £	16/-
Sum represented by a penny rate	£415

VITAL STATISTICS.

(NOTE—Rate per 1,000 of population, except Infant Mortality, Illegitimate Birth Rate, Senile Mortality and Puerperal Mortality).

Births.

(a) Total number	728
(b) Males	370
(c) Females	358
(d) Birth-rate	21.65
(e) Birth-rate for England and Wales (18.8).	

Illegitimate Birth Rate.

(a) Number of Legitimate Births	704
(b) Number of Illegitimate Births	24
(c) Illegitimate Birth Rate (percentage of total births).	3.29

Deaths.

(a) Total number from all causes	369
(b) Males	178
(c) Females	191
(d) General Death Rate	10.98
(e) Death Rate for England and Wales (12.2).	

Deaths of Infants Under One Year.

(a)	Total number	55
(b)	Number of deaths of Legitimate Infants ..	53
(c)	Number of deaths of Illegitimate Infants ..	2
(d)	Legitimate Infant Mortality Rate ..	75·3
(e)	Illegitimate Infant Mortality Rate ..	83·4
(f)	Infant Mortality Rate (total Infant deaths per 1,000 Births)	75·5
(g)	Infant Mortality Rate England and Wales (75).	

Deaths from Enteritis and Diarrhoea (under 2 years of age).

(a)	Total Deaths	5
(b)	Diarrhoea Death Rate (per 1,000 Births) ..	6·9
(c)	Diarrhoea Death Rate England and Wales (7·3).	

Deaths of Elderly Persons (65 years and upwards).

(a)	Number	110
(b)	Senile Mortality (Percentage of total deaths)	29·7

Puerperal Mortality (women dying in, or in consequence of Child Birth).

(a)	From Sepsis	2
(b)	From other causes	3
(c)	Mortality from Puerperal Sepsis	2·7
(d)	Puerperal Mortality (per 1,000 Births all causes)	6·9

Zymotic Mortality. (*i.e.*, deaths from Small-Pox, Measles, Scarlet Fever, Diphtheria, Enteric Fever, Whooping Cough and Diarrhoea).

(a)	Number of Deaths	12
(b)	Zymotic Mortality	·35

Deaths from Cancer (and other Malignant Diseases)

(a)	Number of Deaths	31
(b)	Cancer Mortality	·92

Deaths from the Chief Respiratory Diseases (Pneumonia Bronchitis, etc.)

(a)	Number of Deaths	..	..	99
(b)	Respiratory Mortality (Non-Tubercular	..	..	2.94

Deaths from Tuberculosis.

(a)	Total number of deaths	..	..	..	27
(b)	Pulmonary	..	..	..	22
(c)	Other Forms	..	..	..	5
(d)	Phthisis Mortality	..	..	..	.65
(e)	Tubercular Mortality all causes	..	..	..	.80

Rainfall, Water Consumption and Sewage Treated.

These figures have been kindly supplied by the Borough Surveyor.

Rainfall.

The following Table gives a record of the rainfall for 1924, taken at the Sewage Works :—

			Total Depth. Inches.	Greatest fall in 24 hours. Inches.	Date.
January	..	..	2.10	.46	22nd
February	..	..	.78	.18	24th
March	..	..	.82	.25	22nd
April	..	..	1.63	.38	13th
May	..	..	3.41	.89	31st
June	..	..	1.94	.61	1st
July	..	..	2.58	.76	17th
August	..	..	2.31	.56	28th
September	..	..	2.64	.38	30th
October	..	..	3.34	.95	21st
November	..	..	1.61	.58	11th
December	..	..	2.49	.70	4th
Total			25.65		

Water Consumption.

			GALLONS.
Total consumption inside Borough including Trade)			276,658,000
Total average daily consumption	..	..	755,900
Consumption daily for domestic purposes	..	..	624,440
„ „ „ trade purposes	..	..	131,460
Total consumption per head per day (Pop. 33,620)			22.48
„ „ „ „ domestic purposes			18.57
„ „ „ „ trade purposes			3.91

During 1924, the late County Medical Officer of Health for Derbyshire, Dr. S. Barwise, initiated iodising the water supply on account of the prevalence of Goitre in the District. A constant system is employed using Sodium Iodine as the iodising salt and it has been worked out that each person will receive about $\frac{1}{4}$ -grain of Iodine per annum at a cost of about .38 penny.

Sewage Treated.

The average amount of Sewage treated at the Sewage Disposal Works amounted to 1,150,000 gallons daily as recorded by the recording instrument (Lea Recorder).

It is probable that additional filters will be required at the Sewage Works if and when the pail closets are converted into water closets. The effluent record for the year maintains a high standard of purity, its position being 10th on a list of 90 Sewage Works in the Country.

Excrement and Scavenging and Refuse Disposal are shown in the following tables. Excrement and Refuse Disposal cost the Corporation $\frac{3}{8}$ per ton, $10/5\frac{1}{2}$ per house or $2/2\frac{1}{2}$ per head.

BOROUGH OF ILKESTON.

EXCREMENT DISPOSAL.

In whole District	Approximate number of houses with				Number of defective Privies improved.
	Privy-middens.	Pail Closets.	Water Closets.	Slop Water Closets.	
..	(a) 41	(b) 2301	(c) 5162	(d) 319	(e) 13 Nil

NOTE.—(a) Total number of Privy Middens 28, of these 6 are shared by 16 houses which are adjacent to the sewer and are therefore convertible to Water-closets, and 22 are shared by 25 houses which cannot reach the sewer and are therefore not convertible.

(b) Total number of Pail-closets is 2,230 shared by 2,301 houses.

(c) Total number of Water-closets is 5,076 shared by 5,162 houses.

(d) Number of Slop-water closets is 319 shared by 319 houses.

(e) In addition 9 Pail-closets have been converted to Water-closets since January, 1924.

The term houses in this table includes dwelling places, churches, chapels, schools, factories and workshops.

In addition to above 2 Closet pails are being used temporarily by Tents, Vans, Sheds, etc.

SCAVENGING AND REFUSE DISPOSAL.

Parts of Urban Districts or (in Rural Districts) Parishes in which scavenging is carried out	Population of separate areas for which there is public scavenging	If done by.			Cost.		Refuse Tips.	
		Servants of Council	Under Con-tract	Occupiers of houses	Total Cost throughout District during year	Cost per house per annum	How Refuse is disposed of	Precautions taken at tips against flies and rats
ILKESTON BOROUGH.	33,620	No.	Yes	No.	£3,638	10/5½	Tipped on land at Gallows Inn and filling up of land on Pimlico Recreation Ground.	Refuse is covered by soil and levelled.

BOROUGH OF ILKESTON.

**Summary Showing the Number of Houses, Acreage, Population and Sanitary Conveniences of the
Separate Wards to December, 1924.**

Municipal Borough of Ilkeston by Wards.	Area in statute acres, (land and inland water.	Estimated population by Wards	Number of houses	Approx. number of Ashbins.	Number of pail closets	Number of Ashpits (dry).	Number of Privy- middens	Number of Slop Water Closets
ILKESTON	2526	33620	6958	5285	2230	465	28	319
Granby Ward	204	4384	854	644	353	58	5	18
Market Ward	216	6952	1379	990	607	125	4	92
North Ward	497	6318	1305	975	412	97	16	49
Old Park Ward	306	5915	1200	962	245	55	2	68
South Ward	774	6362	1329	1064	422	74	—	77
Victoria Ward	529	3689	791	650	191	56	1	15

Comparative Vital Statistics.

The following Table compares the Birth Rate, Death Rate and Infant Mortality Rates for Ilkeston with—

- (a) 157 Towns having a population of 20,000 to 50,000.
- (b) The County of Derbyshire as a whole.
- (c) England and Wales as a whole.

	Birth Rate.	Death Rate.	Infant Mortality Rate.
Ilkeston	21·6	10·98	75·5
157 Towns	18·9	11·2	71
Derbyshire	20·75	11	70·5
England and Wales	18·8	12·2	75

The following tabulates the Vital Statistics of the Borough by Wards.

VITAL STATISTICS BY WARDS.

WARDS.	Estimated Population.	Acreage.	Persons per Acre.	No. of Births	Birth Rate	Total No. of Deaths	General Death Rate	No. of Deaths of Infants under 1 year	Infant Mortality Rate per 1,000 Births.	No. of Still Births.	Percentage of Still Births to registered live Births.
North	6318	497	12.7	138	21.8	66	10.4	8	57.9	4	2.8
Granby	4384	204	21.4	102	23.2	64	14.5	9	88.2	1	.9
Victoria	3689	529	6.9	48	13.0	36	9.7	6	125.	—	—
Market	6952	216	32.1	169	24.3	87	12.5	12	71	7	4.1
Old Park	5915	306	19.3	113	19.1	58	9.8	13	115	6	5.3
South	6362	774	8.2	145	22.7	58	9.1	7	48.2	10	6.8

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1924.

CAUSES OF DEATH	0-1		1-2		2-5		5-15		15-25		25-45		45-65		65-75		75 up		Total	ALL Ages AND SEXES	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Certified (including 10 inquests)	33	21	4	6	5	8	6	9	12	11	27	29	37	49	29	27	22	26	175	186	361
Uncertified	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	3	1	1	3	5	8
Whooping Cough	—	1	2	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	3	4	7
Influenza ..	—	—	—	—	1	1	—	—	2	1	6	5	1	1	3	2	—	—	13	10	23
Encephalitis																					
Lethargica ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Meningococcal ..																					
Meningitis ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis																					
Pulmonary ..	—	—	—	—	—	—	—	—	1	4	7	5	3	2	—	—	—	—	11	11	22
Tuberculosis other Forms ..	—	—	—	—	1	2	—	1	—	—	1	—	—	—	—	—	—	—	2	3	5
Cancer, Malignant Disease ..	—	—	—	—	—	—	—	—	—	—	1	3	2	18	4	2	1	—	8	23	31
Rheumatic Fever	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	1	2
Diabetes ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	2	3
Cerebral Hæmorrhage, etc ..	—	—	—	—	—	—	—	—	—	—	—	1	5	7	—	—	5	5	10	13	23
Heart Disease ..	—	—	—	—	—	—	2	2	—	1	1	3	1	5	4	4	—	1	8	16	24
Arterio Sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	2	2	2	5	5	10
Bronchitis ..	3	5	1	1	—	1	1	1	—	—	2	1	7	4	8	8	2	8	24	29	53
Pneumonia ..	5	5	1	2	—	2	—	—	2	—	1	1	8	5	5	2	1	—	23	17	40
Other Respiratory Diseases ..	—	1	—	1	1	—	—	2	—	—	—	—	1	—	—	—	—	—	2	4	6
Ulcer of Stomach and Duodenum	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2
Diarrhœa, etc., under 2 years ..	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Appendicitis ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Cirrhosis of Liver ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Acute & Chronic Nephritis ..	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	1	3	4
Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	2
Other accidents and diseases of Pregnancy ..	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	3	3
Congenital Debility, Malformation and Prematurity, etc. ..	17	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	7	24
Suicide ..	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	1	—	3	1	4
Other deaths from violence ..	—	—	1	—	1	—	1	—	2	—	3	—	2	1	—	1	—	2	10	4	14
Other defined disease ..	4	1	—	1	—	1	2	2	1	2	2	4	6	2	2	6	11	9	28	28	56
Causes ill-defined or unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
TOTAL ..	33	22	5	6	5	8	6	9	12	11	27	29	37	49	30	30	23	27	178	191	369

INFANTILE MORTALITY.

Deaths grouped according to Certain Causes of Death for a period of 10 years to 1924.

Cause of Death.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.
Prematurity, Debility & Congenital conditions, etc.	55	48	48	48	48	36	38	37	24	24
Diarrhæa, Enteritis, etc.	10	8	4	8	4	9	6	3	9	5
Respiratory Diseases	37	18	24	13	32	20	26	16	19	20
Miscellaneous or unknown ..	32	8	17	18	12	27	13	9	15	6
Totals ..	131	82	93	87	96	92	83	65	67	55
Births	919	802	733	708	734	929	897	775	734	728
Infant Mortality Rates ..										
(a) Ilkeston ..	142	102	129	94	129	99	92	83	91	75
(b) England & Wales ..	110	91	97	97	89	80	83	77	69	75

PREVALENCE OF AND CONTROL OVER NOTIFIABLE DISEASES.

The following Table gives the total number of cases of notifiable disease during 1924, the number admitted to hospital, and the total deaths,

Disease.	NUMBER OF CASES.		
	Notified.	Removed to Hospital.	Total Deaths.
Tuberculosis Pulmonary	47	18	10
Tuberculosis Other Forms	8	—	3
Small-pox	3	3	—
Scarlet Fever	106	79	—
Diphtheria	8	2	—
Enteric Fever	1	1	—
Puerperal Fever	2	—	2
Cerebro-Spinal Fever ..	1	—	1
Erysipelas	5	—	—
Encephalitis Lethargica	1	1	1
Ophthalmia Neonatorum	5	—	—
Pneumonia	34	—	15
Chicken Pox	97	—	—

A further analysis of the cases of notifiable disease according to age and sex distribution is shown in the following Table.

SEX AND AGE DISTRIBUTION OF CASES OF NOTIFIABLE DISEASE DURING 1924.

Age Groups.	Sex.	Scarlet Fever.	Diphtheria.	Small-pox.	Enteric Fever.	Chicken-pox.	Pneumonia.	Erysipelas.	Ophthalmia Neonatorum.	Encephalitis Lethargica.	Puerperal Sepsis	Tuberculosis	
												Pulmonary.	Other Forms
0— 1	M	—	—	—	—	4	—	—	4	—	—	—	—
	F	—	—	—	—	2	—	—	1	—	—	—	—
1— 2	M	1	1	—	—	2	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—
2— 3	M	2	—	—	—	2	—	—	—	—	—	1	—
	F	1	—	—	—	2	—	—	—	—	—	—	2
3— 4	M	1	1	—	—	2	—	—	—	—	—	—	—
	F	6	—	—	—	5	1	—	—	—	—	—	—
4— 5	M	5	—	—	—	3	—	—	—	—	—	—	—
	F	4	1	—	—	4	—	—	—	—	—	—	—
5—10	M	13	2	—	—	28	—	—	—	—	—	1	1
	F	30	1	—	—	26	—	—	—	—	—	—	—
10—15	M	16	—	—	—	6	1	1	—	—	—	2	2
	F	14	1	—	—	6	1	—	—	—	—	3	2
15—20	M	—	—	—	—	3	4	—	—	—	—	1	—
	F	6	—	1	—	—	1	1	—	—	—	2	—
20—35	M	2	1	1	—	—	12	1	—	—	—	11	—
	F	1	—	1	1	—	5	1	—	—	2	13	1
35—45	M	1	—	—	—	1	4	—	—	—	—	2	—
	F	2	—	—	—	—	—	—	—	—	—	2	—
45—65	M	—	—	—	—	—	1	—	—	1	—	5	—
	F	—	—	—	—	—	3	—	—	—	—	4	—
65 upwards	M	—	—	—	—	—	1	1	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Total all ages	M	41	5	1	—	51	23	3	4	1	—	23	3
	F	65	3	2	1	46	11	2	1	—	2	24	5
Grand Total		106	8	3	1	97	34	5	5	1	2	47	8

Scarlet Fever.

During the year 1924, 106 cases were notified of whom 79 or 74% were isolated at the Corporation Fever Hospital. The remainder were isolated in their own homes after investigation had been made as to the suitability of this procedure. The type of disease was unusually severe and several of the patients made protracted convalescences owing to complications. There were no deaths. There were 7 return cases *i.e.*, cases occurring again in a house after the discharge of a patient from hospital; three out of the seven occurred in the same house. These secondary cases occurred 2, 5, 10, 13, 14, 20 and 25 days after the discharge from hospital of the primary cases, and in every instance the primary cases were suffering from grossly enlarged Tonsils and Adenoids which were undoubtably the vehicles of infection to others.

Diphtheria.

Eight cases were notified of whom two were removed to the Corporation Fever Hospital. There were no deaths and all the cases were mild.

Small-Pox.

Three cases were notified during 1924, against 15 cases in 1923, and 100 cases in 1922. The three cases were infected from places outside the Borough and were removed to Nottingham City Small-pox Hospital.

The Vaccinations and Exemptions including deaths before Vaccination could be performed but excluding postponements under the Vaccination Act for the last eight years may be compared as follows :—

Year.	Vaccinations.	Exemptions.
1917	224	368
1918	171	306
1919	142	367
1920	244	565
1921	364	537
1922	218	402
1923	197	349
1924	304	368

The number of persons of all ages in 1924, who submitted to primary vaccination was 539, and to re-vaccination 108 a total of 647 recently vaccinated.

Enteric Fever.

One case was notified and sent to Basford Isolation Hospital and recovered. Infection was contracted from a brother of the patient suffering from the disease and living at Eastwood.

Chicken-Pox.

This disease is still made locally notifiable owing to the occurrence of cases of Small-Pox in adjoining districts, which disease it sometimes simulates. Ninety-seven cases of Chicken-Pox were notified.

Measles.

This is not a notifiable disease and therefore the total number of cases cannot be stated. The number brought to the knowledge of the Health Department were very few to the end of the year. The present Epidemic of Measles commenced in January, 1925, and became prevalent during the first four months of 1925. There were no deaths from Measles during 1924. About 1,500 leaflets have been issued to parents through the medium of the Public Elementary School children pointing out the infectivity and dangers of Measles. Any attempt to control this disease will have little effect until the co-operation of the parents is obtained, and when the majority cease to think of this disabling and killing disease as "only the Measles," and cease to take it for granted that every child must have it, and the sooner the better.

Ophthalmia Neonatorum.

A disease of the eyes of a new born child which may cause blindness or defects of vision. Five cases were notified. The following Table gives a summary of the cases.

Noti- fied	TREATED			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	At Home	In Hospital	At Clinic				
5	1	1	3	5	—	—	—

Hospital Accommodation for Infectious Disease.

This very old structure on an admirable site has been described in previous reports. It is only suitable for isolating one disease at a time. During the financial year 1924-1925, 72 cases of Scarlet Fever, 3 cases of Diphtheria and 3 observation cases were nursed in the hospital. The staff consists of a Matron, a Staff Nurse and 3 Probationers, one maid, 1 laundry maid and an out door man. There is no cook. The staff quarters are inadequate.

Bacteriological Examinations.

This work is carried out by arrangement with the County Council by their officers in the County Laboratory. The following is a summary of the number of specimens examined during 1924 relating to Ilkeston Borough.

			Positive.	Negative.
Enteric Fever	..	..	.. —	—
Diphtheria	..	..	.. 8	68
Phthisis	..	..	.. 6	17
Miscellaneous	..	..	.. 94	64

Outfits for bacteriological diagnosis are kept in the Health Office for the use of the Medical Practitioners who may require them. A Supply of Serum is also kept for Diphtheria, Scarlet Fever and Puerperal Fever.

The Tuberculosis Dispensary.

The Dispensary is attended weekly on Mondays, morning and afternoon, by Dr. Nicholson, the County Council's Tuberculosis Specialist. The functions of the Dispensary Staff are to observe doubtful cases of Tuberculosis, to treat or put in the way of treatment new cases for Sanatorium treatment when beds are available, to observe contacts, to visit certain bedridden cases periodically, to enquire into the housing conditions of the patients, to provide beds, bedding and shelters when necessary, to educate sufferers from the disease as to their life as it affects themselves and their contacts, and to co-operate with the local practitioners by assisting in the diagnosis of doubtful cases sent to them. The last function mentioned is very important, as early diagnosis is essential if a patient is to get his rightful chance to recover. Yet

during the year very little use was made of the Dispensary by the local doctors, or of the fact that the County Council will examine sputa free of charge and supply the necessary outfit. Out of 10 practitioners 6 sent 23 specimens of sputa for examination of which 6 were found positive, and 4 practitioners sent 9 letters with patients to the Specialist for consultation or confirmation.

The usual method of procedure at the Dispensary is for patients to come to the Dispensary after notification and a visit to the home by the Tuberculosis Health Visitor who informs them of the existence and purpose of the Dispensary, or patients come voluntarily without their doctor's knowledge.

Two shelters and 3 beds and bedding were supplied to patients free. Such bodies as the After Care Committee, the British Legion and the Poor Law Guardians do much to relieve distress amongst Tuberculosis patients; in addition the District Nurses nurse advanced cases by arrangement with the County Council.

Two new patients and 2 old patients refused Sanatorium treatment.

The following observations have been sent by Dr. Nicholson, and bear out some of the comments already made above.

“ I have now completed 10 years work at this Dispensary, a period long enough to make certain comparisons. I find on looking back over the years that the death rate amongst the Ilkeston patients (from Pulmonary T.B.) is greater than it ought to be, and decidedly greater than in other districts which I have observed in this County. This is especially true of Ex-Sanatoria cases and is a very **regrettable result**. I feel that the result is largely due to the false impression that seems to prevail amongst Ex-Sanatoria patients. That a short period of several months at a Sanatorium is sufficient to arrest a disease like Pulmonary T.B., and that on coming home, feeling well as they do, they can at once resume their old occupation and very often their old bad habits and ways of life, the consequence being that, in a short time they again show signs of advancing disease—an advance which more often than not leads steadily towards a fatal termination. How I wish my patients would remember what is invariably my parting advice to them, to continue the

fight, and maintain at whatever personal cost a vigilance against any circumstance or habit which would act deleteriously on the progress of their convalescence. Only by the most persistent efforts and careful attention to a hygienic life can they hope in the end to acquire sound lungs in a sound body.

There is one other point I should like you to notice and that is the need for further co-operation on the part of the local practitioners—some of these men take no notice of the existence in their midst of a T.B. Clinic and others only make use of it in a half-hearted sort of a way *e.g.*, as a means largely of getting rid even temporarily of what they consider a troublesome and unsatisfactory class of case, instead of taking the clinical and bacteriological benefits offered by the Clinic as a help towards the **very early diagnosis** of Pulmonary Tuberculosis—a diagnosis than which none is more difficult—and upon which so very much depends. When will the people grasp the all important fact that whilst Pulmonary T.B. is a **curable** disease it is **only** curable in its earliest stages, and that the chances of permanent recovery diminish in any one case in direct ratio to the duration of the disease before treatment is instituted.”

RETURN OF OLD PATIENTS WHO ATTENDED THE TUBERCULOSIS DISPENSARY 1924.

AGE.	Males	Females	Total Attendances	No. found Tubercular	No. of Pulmonary Cases	No. of Non-Pulmonary Cases	No. received Sanatorium Treatment	No. refused Sanatorium Treatment	No. received Medicinal Treatment	No. under Observation	No. died	No. discharged	Total Sputa examined	Sputa found positive	No. of Ex-Service Men
Over 15 years of age.	39	25	305	54	51	3	4	1	14	10	4	12	19	7	16
Under 15 years of age.	20	19	118	21	10	11	2	1	13	16	—	9	—	—	—
<div> <div>Over 15 years of age.</div> <div>Under 15 years of age.</div> </div> <div> <div>Non-Pulmonary cases consist of Tuberculosis of Hip 1, cervical glands 3.</div> <div>Spine 1, Hip 2, Eye 2. Lupus Face 1, Abdomen 2, cervical glands 3.</div> </div>															

RETURN OF NEW PATIENTS WHO ATTENDED THE TUBERCULOSIS DISPENSARY 1924.

[illegible]

VENEREAL DISEASES.

The amount of Venereal Diseases in the Borough is very difficult to estimate. That there is a large amount seems fairly certain. Through the courtesy of the Medical Officers of the Venereal Diseases Clinics of Nottingham and Derby, where patients from Ilkeston go for treatment, the following figures, relating to new cases only, seeking treatment during 1924, may be taken as a guide.

Return of New Patients treated for Venereal Diseases during 1924.

V.D. Centre.	Syphilis.	Gonorrhœa.	Soft Chancre.	Total.
Nottingham	12	21	2	35
Derby ..	5	9	—	14
	—	—	—	—
	17	30	2	49
	—	—	—	—

Forty-nine cases might appear at first sight to be few, but added to these would be a certain number, perhaps not less, who obtain treatment privately from Medical Practitioners, and another section of the community who never go for treatment, and still another section remaining over from previous years partly cured or not cured at all. But the fact remains that there were in 1924 at least 49 persons in our district acting as a potential source of infection to others, and worse still, there is the fact that infected unions are keeping up the still-birth rate, the Infant Mortality rate especially in the first four weeks of life, and terrible disabilities in children, who despite the toxic influences of Congenital Syphilis, etc., manage to survive and suffer through no fault of their own.

The above Table may be further explained by examining figures supplied from the Nottingham V.D. Centre which compare the total number of cases treated at the Centre, with the proportion of those coming from Derbyshire as a whole and from Ilkeston only.

COMPARATIVE TABLE.**Summary of New Cases treated at the V.D. Centre
Nottingham 1924.**

	Total No. dealt with	Total No. dealt with from Derbyshire	No. Dealt with from Ilkeston.	Proportion of Derbyshire totals provided by Ilkeston.
New Cases				
Syphilis	277	26	12	46.15%
Gonorrhæa	588	52	21	40.38%
Soft Chancre	40	6	2	33.33%
Other than Venereal	229	24	8	33.33%
Totals ..	1134	108	43	39.81%
In-Patient Days.				
Syphilis	363	—	—	—
Gonorrhoea	1285	223	198	88.78%
Other than Venereal	270	16	—	0.00%
Totals ..	1918	239	198	82.84%
Out-Patients Attendances.				
At V.D. Clinic ..	44909	3036	1112	36.62%
At Greendale House	266	68	28	41.17%
Totals ..	45175	3104	1140	36.72%

MATERNAL AND CHILD WELFARE.**Maternal Welfare.**

During 1924, 772 mothers gave birth to 775 live babies (3 twins). Out of these, 2 mothers died of Puerperal Sepsis and 3 from other accidents connected with Pregnancy. In addition an unknown number of these will be suffering from disabilities and ill health in consequence of child birth, yet child bearing is a normal physiological function.

Besides these 772 mothers, 29 others gave birth to still born infants, and there will be a large and unknown number who had abortions and miscarriages.

What cause or causes can be assigned for this mortality and illnesses among child bearing women? A quotation from a 1920 report of Dame Janet Campbell, D.B.E., supplies an answer

which in greater part covers the causes in this district. She says "In the legitimate desire to encourage a high birth rate we are sometimes apt to forget or ignore the heavy burden which a family of children, near together in age, places upon the working class mother. Numbers of women have been and are physically overwhelmed by the cases of maternity. There are many whose health has never recovered from mismanagement of a first confinement. Only a small portion of the women in need of reparative treatment actually seek it. Many continue quietly to endure "Minor" ailments, the disabling effect of which is seldom recognised."

The problem of saving maternal life, and indirectly infant life—for a high maternal mortality is usually associated with a high rate of still births and infant mortality during the first four weeks of life—resolves itself into better care and attention of the mother during pregnancy, at the confinement, and after ; or in other words Ante-Natal, Natal and Post Natal care and attention.

As to Ante-Natal care, this was the subject of a report from the Medical Officer of Health in which he pointed out the need for Ante-Natal supervision, and set out in detail a scheme for the establishment of an Ante-Natal Clinic in the district. The scheme was passed by the Council and confirmed by the Ministry of Health, but was finally "turned down" by the Finance Committee of the Council on the score of expense, namely £120 for the first year including equipment and the salary of a lady specialist from Nottingham. But it is hoped that the Council will see its way to establish an Ante-Natal Clinic as soon as the financial state of the Borough permits of this being done. Putting aside the humanitarian argument the question naturally arises as to whether it would not be cheaper for the community as a whole to spend this sum in preventing a preventable wastage of maternal and infant life, than for these sufferers to be paid for through the rates in other ways in treating their preventable infirmities.

Maternity Home.

This is situated in Park Avenue, in the centre of the town, and was opened in 1919. During the year 1924 Miss J. Walley was Matron until her resignation on November 30th, and is now

succeeded by Miss L. Wells, the late Deputy Matron. The Staff have carried out their duties exceptionally well, and the Home is still in request by mothers who have been confined in the Home before. But for various reasons such as the non-co-operation of the majority of the local medical practitioners, the local prejudices which are unwarranted, and the fact that the mothers of large families, who would be thankful to be confined in comfort and to be relieved for a fortnight at least of household responsibilities, are unable to find substitutes to look after their interests at home—these and many other causes have affected the percentage of beds occupied in the Home.

In 1921-1922, the percentage of beds occupied was 60%, 1922-1923 it was 39%, 1923-1924 it was 45·7%. Statistics relating to the Maternity Home are given in tabular form lower down. The question has been considered by the Committee as to the advisability of closing the Home owing to the expense of its maintenance. This would have been a retrograde step and a great majority of the Committee was against such a proposal. Instead, the various items of expenditure were thoroughly examined and means found whereby the expenditure could be considerably reduced.

Annual Statistics relating to Ilkeston Maternity Home for the year 1924.

Name of Institution—MATERNITY HOME *Number of Beds*—9.
Address—PARK AVENUE, ILKESTON.

Information required.		Particulars.		
(1)	Total number of cases admitted.	(a) Labour	117	} Total 121.
		(b) Abortion.. ..	1	
		(c) Ante-Natal	1	
		(d) Babies	2	
(2)	Average duration of stay.	14·7 days.		
(3)	No. of cases delivered by—			
	(a) Midwives	104		
	(b) Doctors	13		

Information Required.	Particulars.
(4) No of cases in which medical assistance was sought by the midwife with reasons for requiring assistance. (a) Ante-Natal (b) during labour (c) after labour (d) for infant	(a) Albuminuria (4) Excessive vomiting and cough 1. (b) Forceps extraction 10, Hydramnios 1, Secondary uterine inertia 1, Eclampsia 1, Adherent Placenta 2. (c) Lacerated Perineum 3, Epilepsy 1, Mental Depression 1, Acute Mastitis 1. (d) Feeble at birth 3, Spina-bifida 1, Cephal-hæmatoma 1, Fractured humerus (discovered 5th day) Talipes 1, Septic Arm 1.
(5) No. of cases notified as puerperal sepsis with result of treatment in each case.	Nil.
(6) No. of cases in which temperature rose above 100·4 for 24 hours with rise of pulse rate.	Two.
(7) No. of cases notified as ophthalmia neonatorum with result of treatment in each case.	Two—Both cured.
(8) No. of cases of “ Inflammation of the eyes,” however slight.	Two
(9) No of infants not entirely breastfed while in the Institution with reasons why they were not breastfed	Three. (1) Mother very delicate. (2) Insufficient milk (partly breastfed). (3) Acute Mastitis of mother after 10th day.
(10) No of maternal deaths with causes	Nil.
(11) No of foetal deaths (stillborn) or within 10 days of birth and their causes—and the results of the post mortem examination if obtainable.	Total foetal deaths 6. (1) Hydrocephalus. (2) Mother had Ante-Natal Albuminuria. (3) Mother had Eclampsia. (4) Impacted shoulder, premature, macerated. (5) Hydramnios, one of twins. (6) Mother very anæmic—no foetal heart sounds on admission.

Midwifery Services.

The administration of the Midwives' Acts is carried out by the Derbyshire County Council. During 1924 there were practising in the Borough 7 Midwives holding the certificate of the Central Midwives Board, and 4 practising as "bona-fide" Midwives.

The following is an analysis of the 141 "Records" sent in by Midwives practising in the Borough in compliance with the rules of the Central Midwives Board.

Notifications by Midwives.

Sending for Medical Help on account of :

Illness or weakness of mother during or after labour	..	35
Malpresentation	.. .. .	19
Rupture of Perineum	.. .. .	7
Adherent Placenta	.. .. .	7
Miscarriage	.. .. .	4
Liability to be a source of infection	.. .. .	4
Still births	.. .. .	20
Deaths of babies	.. .. .	2
Artificial feeding of babies	.. .. .	10
Discharging eyes and Ophthalmia	.. .. .	8
Weak condition or illness of babies	.. .. .	25

The Midwives attended 677 women. Amongst them the following mal-presentations occurred :

Breech 26, Footling 5, Face 7, Occipito-posterior 5, Shoulder 1, Arm and Cord 1, Arm and Leg 1, Placenta Praevia 2.

Child Welfare.

There are two infant clinics, one at the Albert Street School Clinic, attended weekly on Tuesday afternoons by Dr. Dobson, and the other at the United Methodist Chapel, Cotmanhay, attended weekly on Thursday afternoons by the Medical Officer of Health. Each centre is also attended by 2 Health Visitors and as a rule one co-opted lady member of the Maternity and Child Welfare Committee.

A summary of attendances during 1924 at both clinics is shown below :—

Central Clinic.			Cotmanhay Clinic.		
No. of individual children.	Attendances.	Examined by Doctor.	No. of individual children.	Attendances.	Examined by Doctor.
602	1726	305	336	1165	176

The accommodation at the Cotmanhay Clinic is too small for the number of attendances.

Health Visiting.

Miss Sherlock, Chief Health Visitor, supervises the work of the other Health Visitors, and carries out Child Welfare work in the South Ward. Miss Shakspeare carries out Child Welfare work in Market, Victoria, and Old Park Wards, and Miss Blair is similarly in charge of Granby and North Wards. In addition to these duties, the Health Visitors are also School Nurses.

There is not the slightest doubt that the work of the Health Visitors is very much appreciated and that they are doing valuable work not only towards saving infant lives, but also in disseminating progressive propaganda on general health matters in the homes of the people. Through the Health Visitors cases of wilful neglect have been brought to the notice of the Inspector of Cruelty to Children, parents have been pleaded with to obtain a doctor in cases of illness, cases of poverty have been brought to the notice of the Relieving Officer, dirty houses have been notified to the Sanitary Staff for cleansing, nuisances and repairs to dwellings have been notified, infant deaths and still births are fully reported on, all this and much more besides has been done by the Health Visiting Staff, patiently and conscientiously.

SUMMARY OF WORK DONE BY HEALTH VISITORS.

Summary of Monthly Reports, 1924.

Births notified (Twins 3)	..	..	..	775
Males	..	..	..	401
Females	..	..	..	374
Still births	..	..	..	28
Died within 3 days	..	..	..	10
Attended by Medical Practitioners	..	..	..	106
Attended by Midwives only	..	..	..	552
Admitted to Maternity Home	..	..	..	117
Total number of visits paid	..	..	..	5202
Children weighed	..	..	..	729
Average weight	..	..	..	7.45 lbs.
Breast fed at birth	..	..	..	704
Bottle fed at birth	..	..	..	17
Breast and Bottle fed at birth	..	..	..	5
Spoon fed at birth	..	..	..	4
Pre-Natal cases visited	..	..	..	23
Not visited	..	..	..	2
Visits <i>re</i> Ophthalmia	..	..	..	8
Outside the Borough	..	..	..	10

Applications for Free Milk.

The number of persons who have applied for free milk during the financial year ending 31st March, 1925, has been 595 compared with 401 for the previous year, and the individual number of applications amounted to 139 compared with 103 during the previous financial year.

The amount of dry milk powder dispensed in the form of Glaxo, Cow & Gate or Trufood at the Welfare Centres at slightly above cost price, amounted to 3,723lbs., and the amount of Virol to 258lbs.

Notification of Births Acts.

During the year 775 live births were notified of which 728 were registered. Doctors notified 106, Midwives 552, and 117 were notified from the Maternity Home.

Still Births.

The number of still births notified was 28 (or 3.8% of the registered live births) as compared with 33 in the previous year. The comments in the report for the year 1923 on still births are still applicable and further emphasises the importance of establishing an Ante-Natal Clinic in the district.

OTHER SERVICES.

General Hospital.

This Hospital is situated in Heanor Road in Shipley Parish, at the North end of the town. It has 50 beds for medical and surgical cases and casualties.

Maternity Home.

The Corporation Maternity Home, opened in 1919, is situated in Park Avenue, and has accommodation for 9 beds.

School Clinic and Tuberculosis Dispensary.

A combined School Clinic and Tuberculosis Dispensary was erected by the County Council, on land belonging to the Corporation in Albert Street, and opened in 1915. The upper floor is used for the purposes of School, Dental and Infant Clinics, and consists of a Waiting Room, Doctor's Room and Dark Room for eye work. The lower floor is utilised as a Tuberculosis Dispensary by the County Council for Ilkeston, Heanor, Langley Mill, Codnor, Shipley, Smalley, Mapperley, Kirk Hallam, West Hallam, and Stanton-by-Dale. The whole building serves a most useful function for the Borough and District, but it is too small for the rapid growth of public medical work.

Nursing Associations.

There are two Nursing Associations in the Borough, viz. :— The Ilkeston Nursing Association and the Shipley and Cotmanhay Nursing Association. The first maintains two nurses, and the second one nurse. The Corporation has recognised their value to the town by subsidizing them to nurse cases of Influenza, Pneumonia, Epidemics of Measles and other diseases.

Summer Home for Delicate Children.

A voluntary Association maintains a Home for Delicate Poor Children at Bonsall, Matlock Bath. During 1924, 200 delicate children received the benefit of one week's residence and care at this Home, compared with 220 in 1923.

Ambulance Service.

The British Red Cross Society maintains a motor ambulance for the use of the Borough for any non-infectious cases. It is kept at the Corporation Stables and is to be obtained by personal

application or telephone from the Borough Surveyor's Office, from 9-30 a.m., to 5 p.m., and at the Police Station from 5 p.m. to 9-30 a.m. Necessitous cases are conveyed free of charge—other cases within the Borough are charged 5/- a journey and for journeys outside the Borough, at the rate of ten pence per mile run.

SANITARY ADMINISTRATION.

Staff.

Particulars of the Staff are set out in the first portion of the Report.

Sale of Food and Drugs Act, 1875.

This Act is administered by the County, and Mr. White, the County Analyst has supplied the following particulars of samples purchased in this district.

Total Samples	..	..	66
Milk	„	..	32
Adulterated	..	..	3
Prosecutions	..	..	0

The three samples returned as adulterated were two cordials containing small amounts of Salicylic Acid, and one of cake containing Boric Acid. In view of the fact that the Government propose to make Regulations in respect of the addition of preservatives to food, no action was taken in the matter of these samples.

Milk and Dairies Amendment Act, 1924.

During the year one of the milk vendors of the town commenced to sell "Grade 'A'" milk manufactured and bottled at the Lamcote Dairy Farm, Radcliffe. The proprietors of this Farm gave every facility to the Medical Officer of Health, the Chairman of the Health Committee and the Retailer to view the process of production and bottling. There is not the slightest doubt of the superiority of this milk over any other sold in this Borough, though its price unfortunately does not yet bring it within the reach of poor people. At the Welfare Centres and School Clinic this milk has been advised for ailing and delicate children in place of Cod Liver Oil and Malt, and the advice when carried out has led to an increase in weight and a more healthy appearance of the children.

Milking utensils are as a general rule not sterilised by the local farmers and the retailer and consumer continue to be careless in handling milk. During Health Week last September, a very graphic film was shown illustrating the production of "Grade 'A'" milk on an English Farm, to which all local producers and retailers were invited, but very few took the opportunity of seeing the film.

Inspection of Meat at Time of Slaughter.

This is carried out by both Sanitary Inspectors who are qualified Meat Inspectors. No meat was seized, but 91lbs. were surrendered as unfit for human consumption. The slaughter houses have been maintained in a generally good condition.

It is hoped that the new Meat Regulations, 1924, which came into operation on the 1st April, 1925, will greatly facilitate the work of the Inspectors.

Public Health Acts Adopted.

Public Health Acts Amendment Act, 1890.

Part II., III., IV., V., adopted by Council, 7th October, 1890.

Public Health Acts Amendment Act, 1907—

Part II.

„ III. Sections 34 to 50 inclusive.

„ IV. Sections 52 to 66 inclusive and Section 68.

„ V.

„ VI.

„ X. Sections 92, 93 and 95.

Notification of Births Act, 1907, adopted 3rd December, 1907.

Infectious Disease (Prevention) Act, 1890.

HOUSING.

The number of new houses erected during 1924 (all by private builders) was 48. Of these, 38 qualified for a subsidy of £90 under the Housing Act, 1923.

The number of houses in course of construction was 13, all qualifying for the subsidy.

These houses, erected or under construction, are distributed as follows :—

Ward.	Erected during 1924.	In course of construction.
North ..	12	2
Granby ..	1	0
Market ..	0	0
Victoria ..	15	4
Old Park ..	2	1
South ..	18	6

There were no demolitions during 1924.

The Housing shortage continues to be acute. Numerous complaints are made to the Health Office as to overcrowding and parents are beginning to realise the evil effects of this, not only on the physical condition but on the moral condition of their children—no decency could possibly be observed in some of the houses with large growing up families.

The following is an estimate of the Housing Needs of the Borough :—

ESTIMATE OF HOUSING NEEDS.

Working Class Houses required during the next three years.

- (a) To meet the unsatisfied demand for houses taking account of :—
- | | |
|--|-----|
| (i) Growth of Population | 200 |
| (ii) Present overcrowding (minimum figures) .. | 278 |
- (b) To replace houses unfit for human habitation and cannot be made fit.
- | | |
|--|----|
| | 66 |
|--|----|
- (c) To replace other houses which though not regarded as unfit for human habitation, fall definitely below a reasonable standard.
- | | |
|--|-----|
| | 100 |
|--|-----|

SUMMARY OF WORK DONE BY THE HOUSING INSPECTOR.

Housing.

Number of new houses erected during 1924 (all by private Builders)	48
Number of houses in occupation 1924 under Housing Scheme	100

Unfit Dwelling Houses.

(1) Total number of Dwelling Houses inspected for Housing defects (under Public Health or Housing Acts) ..	835
(2) Number of Houses which were inspected and recorded under the Housing (Inspection of District Regulations 1910)	78
(3) Number of Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (necessitating a closing order)	3
(4) Number of Dwelling Houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ..	75

Action under Statutory Powers.

(1) Number of Dwelling Houses in respect of which Notices were served requiring repairs	75
(2) Number of Dwelling Houses which were rendered fit—	
(a) By Owners	18
(b) By Local Authority in default of Owner	30
(3) Number of Dwelling Houses in respect of which Closing Orders became operative in pursuance of declaration by Owners of intention to close	Nil

Proceedings under Public Health Acts.

(1) Number of Dwelling Houses in respect of which Notices were served requiring defects to be remedied.. ..	403
(2) Number of Dwelling Houses in which defects were remedied by—	
(a) Owners	221
(b) By Local Authority	15

Proceedings under Section 17 and 18 of the H.T.P. Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	3
(2) Number of Dwelling Houses in respect of which Closing Orders were made during 1924	3
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the Dwelling Houses having been rendered fit	Nil
(4) Number of Dwelling Houses in respect of which Demolition Orders were made	Nil
(5) Number of Dwelling Houses demolished in pursuance of Demolition Orders made	Nil
(6) Number of Dwelling Houses demolished by Owners without Demolition Order being issued	Nil

SUMMARY OF SANITARY INSPECTORS' WORK 1924.

The following Table summarises the work of both Sanitary Inspectors during 1924. There has been a very large increase in the number of back yards paved and repaired, 160 being done in 1924 against 40 in 1923, and 140 defective ashpits were renewed with ashbins, compared with 90 in 1923. Also more attention has been paid to the provision of sinkstones, 98 of which were provided compared with 22 in 1923.

Sanitary Inspection of District.

Drainage and Pavement.

Drains opened and cleansed from obstruction	..	..	63
Drains provided with sufficient traps	..	..	25
New drains and inspection chambers provided	..	..	11
Drains repaired and re-laid	..	..	27
Drains tested by water	..	..	45
Drains tested by smoke	..	..	1
Sink pipes disconnected	..	..	2
New sink waste pipes provided	..	..	72
New sinkstones provided and fixed	..	..	98
Defective soil-pipes repaired or renewed	..	..	3
Insufficient drains	..	..	12
Broken inspection covers	..	..	3
Backyards paved and repaired	..	..	166
Floors in dwelling houses re-laid and repaired	..	..	13
Dilapidated walls and ceilings repaired	..	..	6
Roofs repaired and made weatherproof	..	..	41
Dangerous or defective stairs	..	..	2
Windows made to open or repaired	..	..	30
Defective spouts repaired or renewed	..	..	50
Pantry ventilation and light improved	..	..	5
Defective or broken coppers and brickwork in sculleries	..	..	27
Dirty houses cleansed	..	..	6
Defective brickwork and pointing up	..	..	25
Dampness in rooms remedied	..	..	10

Water Closets and Unrinals.

Water Closets provided with new pedestal basins	..	..	7
Defective flush-pipes and flushing cisterns	..	..	26
Foul and choked water closets	..	..	10

Privies, Ashbins and Ashpits.

Offensive and insufficient privies converted to water closets	..	6 to 13
Pail closets converted into water closets (voluntary)	..	9 to 9
Defective ashpits repaired	.. .. .	6
Defective ashpits renewed with ashbins	.. .. .	140
Defective pail closets and pail renewed	.. .. .	38

Various.

Nuisances from animals improperly kept	.. .. .	1
Offensive accumulations removed	.. .. .	15
Miscellaneous repairs to premises	.. .. .	123

So far as the work is capable of tabulation, the number of visits and other works involved is shown in the following table :—

Number of visits to premises during 1924	.. .. .	793
Number of visits (re-visits) where works are in progress	.. .. .	1202
Number of Statutory Notices issued	.. .. .	253
Number of informal Notices served during 1924	.. .. .	222
Number of cases taken to Court for non-compliance with Statutory Notices	.. .. .	3
Number of notices not complied with at end of 1924	.. .. .	28

Canal Boats' Acts.

The Senior Sanitary Inspector, Mr. Joseph B. Duro, is the Canal Boats Officer, under the Canal Boats' Acts, and furnishes the following details :—

Number of Canal Boats on Register 1924	.. .. .	34
Number of Canal Boats inspected during 1924	.. .. .	11
Number of infringements	.. .. .	1
Prosecutions instituted	.. .. .	Nil
Number of men on board at time of inspection	.. .. .	16
Number of women on board at time of inspection	.. .. .	4
Number of children on board at time of inspection	.. .. .	3

Places of Amusement.

The places of Amusement are visited periodically and reported to the Health Committee and the Licensing Authority by the Senior Sanitary Inspector in accordance with Circulars dated 25th August, 1920, from the Ministry of Health and Secretary of State.

Sanitary Conveniences.

Number of water closets in the Borough end of 1924	.. .. .	5076
Number of pail closets	.. .. .	2230
Number of privy middens	.. .. .	28
Number of houses without separate conveniences	.. .. .	176

Number of houses with two or more sanitary conveniences	..	63
Number of privies on notice for conversion 1924	..	7
Number of notices served under Sec. 36 of P.H. Act, 1875	..	7
Number of privies unable to reach the sewer	..	22

Scavenging.

Number of inspections made to privy middens	..	341
Number of inspection made to pail closets	..	7244
Number of inspections made to ashpits	..	11746
Number of inspections made to ashbins	..	10455
Number of loads of refuse removed from privy middens	..	85
Number of loads of refuse removed from pail closets	..	4058
Number of loads of refuse removed from ashpits	..	3561
Number of loads of refuse removed from ashbins	..	11757

Position of Tips.

(a) Pimlico Recreation Ground	..	..	..	..
(b) Gallows Inn (South Side)	..	..	..	..
(c) Station Road and Bentley's Farm, Cotmanhay	..	..	..	..
Number of nuisances dealt with <i>re</i> Scavenging	..	..	..	22

Slaughter Houses.

Number of Registered Slaughter Houses in 1924	..	..	7
Number of Licensed Slaughter Houses in 1924	..	..	16
Number of complaints notified to occupiers	..	..	18
Number of inspections made during 1924	..	..	542
The general conditions and management have been remarkably good.			

Meat Inspection.

Food surrendered as unfit for human consumption	..	..	91lbs.
Shell Fish (Crabs)	..	..	104
Samples of Milk submitted for examination	..	..	7
Inspections of other kinds of foodstuffs, either in preparation or for sale are carried out weekly			

Offensive Trades.

Number of Offensive Trades on Register during 1924	..	2
Number of inspections made during the year 1924	..	40

The premises are tripe dressing and soap boiling. The trades have been kept in an excellent state, no complaints received.

Bakehouses.

Number on Register at end of 1924	..	..	..	28
Number of inspections made during the year	..	..	..	40
Number of Notices issued for contravention	..	..	..	8

Petroleum Acts.

Number of Licenses issued during 1924	..	..	..	17
Number of Carbide Licenses issued	..	..	..	9
Number of inspections	..	..	..	43

Smoke Nuisances.

Number of smoke emissions investigated during 1924	..	..	..	17
Number of warnings issued for dense smoke	..	..	..	5

Dairies, Cowsheds and Milkshops.

Number of cowsheds on Register at end of 1924	..	..	..	9
Number of dairies and milkshops	..	..	..	129
Number of visits made to above respectively	..	..	..	43
Number of Notices issued	..	..	..	1

Factories, Workshops and Workplaces.

Number of factories in Borough	..	..	..	23
Number of Notices issued for contraventions	..	..	..	Nil
Number of workshops and workplaces	..	..	..	116
Number of Notices issued for contraventions	..	..	..	8
Number of inspections made to above premises during 1924	..	..	..	29
Number of Outworkers, 1st half-year (February)	..	..	3C. 58W	
Number of Outworkers, 2nd half-year (August)	..	..	8C 75W	
Number of visits to Outworkers' premises	..	..	..	150

No Notices were issued, the nature of the work carried on is Wearing Apparel ; *i.e.*, lace mending and hosiery.

Common Lodging Houses.

Number of Common Lodging Houses on Register	..	..	..	1
Number of visits made by day and night	..	..	..	35
Number of Notices issued	..	..	..	Nil

The premises are well conducted.

Rats and Mice Destruction Act, 1919. Administered by the County.

Premises Disinfected.

Number of Rooms disinfected during 1924	..	..	701
including rooms where deaths from Cancer and Tuberculosis have occurred, and schools.	..	..	..

Shops Acts.

The Shops Acts are administered by the Senior Sanitary Inspector. During the year 1924 there were 6 prosecutions for contravening the above Act.

JOSEPH B. DURO, C.R.S.I., M.S.I.A.

Senior Sanitary Inspector.

WILLIAM SHAW, C.R.S.I., M.S.I.A.,

Junior Sanitary Inspector.

FACTORIES, WORKSHOPS AND WORKPLACES.

The following Tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901.

1. Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	In- spections (2)	Written Notices. (3)	Prose- cutions. (4)
Factories (including Factory Laundries)	3	Nil	Nil
Workshops (including Workshop „	13	8	Nil
Workplaces (other than Outworkers premises)	26	Nil	Nil
	42	8	Nil

2. Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			No. of Pro- secu- tions. (5)
	Found (2)	Re- medied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts				
Want of cleanliness	8	8	Nil	Nil
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary accom- moda- tion				
Insufficient, unsuitable or defective	—	—	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Acts				
Illegal occupation of underground bakehouse	—	—	—	—
Other offences (excluding offences relating to Outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Work- shops Transfer of Powers) Order 1921.	—	—	—	—
Totals ..	8	8	Nil	Nil

Borough of Ilkeston
Education Committee.

ANNUAL REPORT

OF THE

School Medical Officer

FOR 1924.

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer.

EDUCATION COMMITTEE.

THE MAYOR (Coun.	Coun. J. WOOLLEY
A. HENSHAW)	„ G. W. WOOLISCROFT
Alderman A. HENSHAW	(Chairman)
„ W. SHAKSPEARE	Principal Heaton
Coun. L. MIDGLEY	F. P. SUDBURY, Esq.
„ J. H. MILLARD	S. R. WOOD, Esq., B.A.
„ C. V. MOORE	Mrs. PRIOR
„ J. PROCTOR.	

STAFF (1924).*School Medical Officer (also Medical Officer of Health)*

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H. (London).

*Part Time Medical Officers.*Tuberculosis Officer .. B. S. NICHOLSON, M.D., D.P.H.
(County Tuberculosis Officer)Ophthalmic Surgeon .. T. E. A. CARR, M.B., B.S.
(County Ophthalmic Surgeon).Nose and Throat Surgeon MARGARET S. PURCE, M.B., B.Ch.,
F.R.C.S., Ed.
(County Nose and Throat Surgeon)

Dental Surgeon .. A. L. HODGKINSON, L.D.S.

School Nurses (also Health Visitors).

Miss M. E. SHERLOCK, C.M.B.

Miss M.A. SHAKSPEARE, C.M.B.

Miss H. BLAIR, C.M.B.

Clerks.

Miss L. TRUEMAN

Miss E. SISSON (resigned)

Miss H. CLARKE (appointed).

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR 1924.

TO THE CHAIRMAN AND MEMBERS OF THE ILKESTON EDUCATION
COMMITTEE.

MR. CHAIRMAN, LADY AND GENTLEMEN,

I beg to submit my Annual Report on the work of the School Medical Service for the year 1924.

Owing to the fact that the Committee, with the concurrence of the Board of Education, allowed me temporary assistance during the year, the amount of work done shows an increase over that of the year 1923. A total of 1852 children was examined at Routine Medical Inspections against 1491 in 1923.

In addition, Mental Tests (Terman's Modification of the Binet-Simon Tests) were applied to 36 boys and 11 girls at the Granby Schools whose names had been supplied by the Head Teachers as children who were 3 years and over retarded in scholastic attainments.

It is not generally understood that Mental Tests, though not infallible, are important assets in ascertaining and therefore categorising children who are merely Dull and Backward, from the borderline or definitely feeble-minded. The importance of ascertaining all Mentally Defective children in the area has lately been reiterated in a Board of Education Circular No. 1341 to the Local Authority.

Unless the Committee continues to supply me with medical assistance in the School Routine Inspections, the statutory duty of ascertaining the number of feeble-minded children in the area cannot be done. Each child examined by the Mental Tests takes on an average about an hour before an opinion can be formed as to whether the mental retardation is inborn or due to acquired causes such as irregularity in attendance at school, from illness or truancy, bad home influences, malnutrition, rickets, etc., etc.

I hope therefore that the Committee will continue to allow me assistance in order that this important and statutory duty of the Local Authority may be carried out.

At Granby Boys' School, out of 36 boys presented for examination by the Head Teacher as being two or more years retarded in scholastic attainments, 20 were found feeble-minded, 10 borderline Mental Deficiency, 3 dull and backward, and 3 of normal intelligence.

At Granby Girls' School out of 11 girls presented for examination there were 8 feeble-minded, 1 borderline Mental Deficiency and 2 of normal intelligence.

At Gladstone Street Boys' School a real attempt has been made by the Head Teacher, Mr. Dann, to form a special class for feeble-minded children. This class has been formed as a result of applying Mental Tests to retarded children in the school. The Tests have been carried out by Miss Morrell, one of the Assistant teachers who has shown great aptitude for this kind of work.

There has not been time to test the children at the other schools, but a return to December, 1924, sent in by the Head Teachers shows that in all the schools with 5833 children on the registers, there were 69 boys and 54 girls (total 123) who were retarded in mental development 3 years or more. During the year 2 Imbecile children were certified by me to the Local Control Authority, and 5 others are under observation for purposes of certification.

The School Clinics continue to be well attended and on the whole appreciated, though there is still the erroneous idea amongst parents that the Clinic is run on the lines of an out-patient's

department of a general hospital where medicines are dispensed. The Clinic is intended for the treatment of Minor ailments of children whose parents cannot afford to pay for the treatment if carried out by the family doctor. The large number of 1,279 children were examined at the Minor Ailments Clinic, of whom 350 were given treatment (see Table IVA).

At the School Oculist's Clinics (see Table IVB) 141 children were examined for errors of vision, of whom 101 received prescriptions for spectacles, and 76% obtained them; 41 other defects or diseases were also treated.

The arrangement for the enucleation of Tonsils and Adenoids at the Derby Clinic still continues with the addition that delicate children are sent to the Ear, Nose and Throat Hospital, Shakespeare Street, Nottingham, where they are detained for four days after the operation, and the day preceding it, at an extra cost of 15/- This arrangement of in-patient treatment is very valuable in cases not only of delicate children, but where the home environment is bad and not suitable for a child to rapidly convalesce. The total number of children operated upon was 50. They have all materially improved, both physically and mentally since the operation, and they were all all bad cases.

At the Dental Clinics 1,123 children were inspected, of whom 624 were actually treated (see Table IVD). There is a large amount of dental caries amongst the children. To meet this serious matter I placed, during the year, two schemes before the Committee, one for prevention and the other for cure. On the preventive side I suggested the issue of tooth brushes to the school children to be sold at sixpence each including a tin of dentifrice (both at cost price), the sale of them to be effected by the school teachers and at the Clinic. In addition the teachers were supplied with an outline of a lecture for children on "Why teeth should be kept clean."

The response was satisfactory as from October when the scheme was in operation to December 31st, 1924, 694 tooth brushes were sold. On the curative side I suggested that extra dental sessions for treatment were imperative. The Authority's Dentist has up to date only been sanctioned to devote one session of two and half

hours a week for the treatment of the children's teeth, consequently he has spent most of his time in dealing with cases of urgency for the relief of toothache and dental abscesses and the extraction of teeth, temporary and permanent, which were too decayed to admit of employing the conservative operation of filling. The dental surgeon extracted 784 temporary and 158 permanent teeth, whereas he was only able to fill 155 temporary and 157 permanent teeth, and was unable to complete the treatment of each child he saw for want of time. The scheme in operation last year must be looked upon as far from ideal and not nearly meeting the wants of the school population.

I reported these facts to the Committee during the end of last year, when I submitted that the aim of a satisfactory dental scheme was to deal with a limited number of children whose dental condition can be inspected and treated throughout their school life, rather than treat a large number of them, and that a time would come under a satisfactory scheme when the number of emergency operations of extraction would be reduced to a negligible quantity and conservative surgery take its rightful place. For this purpose I suggested that, depending upon the number of sessions the Committee would allow for treatment, the dental surgeon should commence in the first year with the inspection and treatment of all children aged five, six, and seven ; in the second year he would inspect and treat a new group of entrants aged five, and re-inspect and treat where necessary the children who were five, six, and seven the previous year, and in addition inspect and treat a new group, namely, those who were eight years of age and so on progressively year after year. So that a child entering school at five years of age would be constantly under the care of the dental surgeon for his nine years of school life, and would leave school not only with a healthy mouth and generally in better health, but thoroughly impressed for the rest of his life as to the importance of Oral Hygiene which in due course would be imparted to his children. This is the ideal at which the Education Committee should aim, and it could be realised if the dental service were increased and the present generation of parents would accept the fact that a clean mouth is better than a dirty one. Only 48% of children requiring treatment accepted it during 1924. (N.B. Extra Dental sessions were actually sanctioned by the Committee, but this sanction was finally withdrawn owing to pressure from the Finance Committee

of the Town Council who claimed that the financial state of the Borough would not admit of any extra expenditure).

There was a slight reduction in the number of cases of Ringworm of the Scalp detected during the year, namely, 33 against 43 in 1923. There are a certain number of severe and persistent cases of Ringworm of the Scalp in children whose parents refuse to accept the best treatment by X-Rays, but who are content to spend pounds on numerous ointments for one, two and sometimes three years before a cure is effected. These children are a constant menace to their fellows—not in school as they are only allowed to attend if wearing a suitable cap, but in their own and other people's homes. The Authority provides X-Ray treatment free of charge and nine parents availed themselves of this service.

There seems to be a considerable amount of ignorance as to what the treatment of Ringworm with X-Rays really is, and there is quite an unnecessary fear amongst parents that permanent baldness will result from its use. The treatment which is painless and not "frightening" to the patient consists in exposing the hair clipped area of affected scalp to the rays. The time taken for exposure varies from ten to twelve minutes. After exposure the head is washed with soap and water daily and an antiseptic oil applied. The affected hair commences to fall out in about three weeks after the application of the rays. As these hairs contain the living fungus and can give rise to the disease in others by scattering, the child is excluded from school until the affected portion of the scalp is quite bald, generally in the fourth week after exposure. This process is hastened by epilation and by rubbing the scalp with a rough towel. A new crop of normal hair will have grown at the end of three months. It is therefore obvious that the X-Ray treatment of Ringworm effects a great saving of time and a corresponding diminution of the period in which the child remains in a contagious condition and able to pass on the disease to other children.

Impetigo and Verminous conditions are unfortunately still too prevalent. A lot of suffering from impetiginous sores could be spared the children if parents would acquire a better knowledge of first aid and the meaning of surgical cleanliness when dealing with abrasions. One of the functions of the Clinic is educative, large numbers of parents are instructed in the method of dealing with these apparently simple wounds.

The percentage of children found Verminous was 1·1%. This percentage only takes into account children found at the time of inspection with a large number of nits and vermin in their hair, and does not include a much larger percentage who had fewer nits. But there are signs of progressive improvement in this direction which will make more rapid strides when overcrowding is diminished by the erection of more houses with baths, and when the parents and children become more sensitive to the presence of this defect, and not look upon lice as normal inhabitants of their households.

The Authority's scheme for the provision of free meals to malnourished children has been a great boon, and I am convinced that a great saving of public expenditure has resulted in the prevention of Tuberculosis amongst children so predisposed, who without the necessary food would in all probability have acquired the disease. Teachers have repeatedly noted that a malnourished child after attendance at the feeding centre becomes more alert in comparison with his previously dull attitude.

During the year 10 children between the ages of five and fifteen were notified as suffering from Tuberculosis of some parts of the body, and in addition there were many debilitated and anæmic children who are under observation for this disease. In children Tuberculosis of the lungs is by no means easy to diagnose, and it is only by carefully watching the child that a correct diagnosis can be eventually made.

Rickets, which is a preventible complaint is too common. Some children are cripples for life owing to the deformities produced by the disease. Many of these deformities can be rectified by operation, and there are in Ilkeston many children who have been treated at the Birmingham Orthopædic Hospital through Inspector Nottingham of the National Society of Prevention of Cruelty to Children, with the result that either amelioration or a complete cure of the deformities has resulted. Unfortunately Rickets not only deforms but predisposes a child to Tuberculosis especially as enlarged Tonsils and Adenoids accompany the rachitic condition; and in nearly every case of Rickets there is to be found a degree, greater or less, of stunted growth and stunted mental development.

Rheumatism continues to account for a great deal of invalidity amongst children, through causing Valvular disease of the Heart and Chorea (St. Vitus' Dance). During the past year 14 cases of Chorea came under my notice necessitating long absences from school, out of 12 children of school age who died, 33·3% died of Valvular disease of the Heart. Early diagnosis and treatment will prevent in the majority of cases, the spread of Rheumatism from other parts of the body to the heart. Parents will not seriously consider that the so called "growing pains" with sore throat and feverish attacks of a more or less mild nature are in reality acute or subacute rheumatism, and rely upon home remedies instead of consulting a medical man in regard to them.

Ilkeston is one of the Goitrous districts of Derbyshire and it seems from a circular letter from the Chief Medical Officer of the Board of Education to School Medical Officers asking for particulars as to the prevalence of Goitre amongst school children, in their respective districts, that it is the intention of the Board to take some action in the matter of its prevention. During the past year 24 boys and 51 girls of the age of twelve out of 196 and 258 respectively examined at school showed visible enlargement of the Thyroid Gland. Much has been written as to the causation of Goitre and its prevention, but all Authorities appear to agree on one point that the disease is prevalent where there is lack of Iodine in the public water supply. Dr. Barwise, our late County Medical Officer, just before his death, initiated two schemes within the County, one for the iodisation of the common water supply of Ilkeston, Heanor and Ripley Districts so that the whole population of these districts might benefit, and the other to benefit particular groups of school children by dispensing to them (through the School teachers) a sweetmeat tablet once a week containing Iodine one tenth grain, so that each child would absorb during a year of 40 school weeks 4 grains of Iodine. The latter scheme is largely practised and with great success in Goitrous Districts on the Continent and in America.

This resumé is intended to show the Committee that the School Medical Service is a vital and far reaching force in making our future men and women worthy of the great Empire to which we belong. It has at least two main objects ; it educates the parents, and benefits the individual child by detecting the beginnings of disease at School Medical Inspection and relieving, remedying or

preventing physical defects through the agency of Clinics especially amongst the poorer class who cannot afford medical attendance.

The co-operation of parents is an essential for the success of the Service. This co-operation is very slow in being given and shows a peculiar mentality on the part of the parent. The result is that an enormous amount of time is spent by the school nurses in "following up" the defects of untreated children and in trying to persuade parents to have them treated. It often happens that a nurse will follow up a defect such as defective vision, or "running ears" for five or six years and then when the child is about to leave school the parent will bring the child for treatment, frightened at the prospect that the child's earning capacity will be reduced owing to its defects. In many of these protracted cases the defects are beyond remedy.

The body of the Report contains further details as to the organisation of the School Medical Service in this district.

In conclusion I wish to thank the Members of the Committee for their support in my work, and the school nurses and clerks of the department for their excellent work during the year, and the help given me by teachers.

Yours obediently,

R. DE V. KING.

Schools and their Accommodation.

There are 6 provided schools and 3 non-provided schools in the Borough, with 20 separate departments, and accommodation for 5,477 scholars. The average number on the roll was 5,833 with an average attendance of 5,310, equal to 91·0 per cent, which was 91·2 in 1923.

Sanitary Condition of Schools.

This is generally good. Improvements in lighting and ventilation have taken place in some of the schools during the year.

Open Air Education.

- (a) Playground classes are arranged at some of the Infant departments because the seats are moveable ; in other departments no seats are available, and in both cases the playgrounds appear to be too public for such classes.
- (b) School journeys of educational value were undertaken at most schools ; the journeys included visits to Matlock, Dovedale, Nottingham Castle, Bennerley Iron Works, West Hallam Potteries, Collieries, Farms, etc., and local places of interest for the teaching of practical geography direction finding and nature studies. In addition a large number of the senior scholars were taken to the Wembley Exhibition in charge of their teachers.

Physical Education.

All the schools devote three periods of twenty minutes each to physical training following the Board's Syllabus, and in addition one hour a week for organised games. There is now a Schools Sports League, and Inter-school Football, Cricket and Swimming matches are becoming more general. There is no director of physical education.

Provision of Meals for School Children.

The Feeding Centre in the Cookery Department of Gladstone Street Schools continues to supply breakfast and dinner to necessitous and insufficiently nourished children. Breakfast is served at 8-15 a.m. and dinner at 12-30 p.m. The Education Committee provide free passes on the trams to the Centre. The total number of individual children fed was 56, and the total number of meals served was 23,179. The total cost amounted to £364 13s. 3d., equal to 3·8 pence per meal.

Co-operation of Teachers, Attendance Officers, Parents and Voluntary Bodies.

(1) *The Teacher.* The School Teachers appreciate the value of the medical work and their support is invariably generous. The Head Teachers are invited to attend and do attend during the Medical Inspection of the children under their charge ; they have become increasingly interested in following up the defects found in the children and are using their influence in persuading parents to have defects remedied.

(2) *The Attendance Officers,* two in number, render every

assistance to the Medical Department by giving daily prompt information as to absentees from school on medical or alleged medical grounds.

(3) *The Parent.* Notifications are sent to parents as to the time and place at which Medical Inspections or a School Clinic will be held. When they have attended substantial gains have been secured, and misunderstandings and prejudices have been avoided. The parents are also able to make examinations easy by providing information, and moreover, the opinion of the Medical Officer can be given more clearly and directly to them than by letter. The average attendance of parents in the Infants' Departments was 72·2% ; in the Senior Departments 50·9%.

(4) *The Voluntary Bodies.* (a) A local Voluntary Association maintains a home for debilitated convalescent children between the ages of seven and fourteen, at Bonsall, near Matlock. The home was open from May to the end of September and each child spent about a week there, conveyance being by motor to and from. The total number of children taken in was 200.

The home is of inestimable use for the purpose it serves, but in addition, there is a great need (in an industrial locality such as this) for a place where children who are suffering from deficiency diseases such as malnutrition and rickets, and the pre-tubercular child, could be taken to a home and boarded for three months or so at a time, and where their education could continue under the best conditions.

(b) *The Tuberculosis After-Care Committee.* This Committee has performed excellent work. The members of the Committee visit notified cases of Tuberculosis, and partly through grants from the County Council and partly from funds raised by voluntary effort, they are able to assist necessitous cases amongst school children suffering from Tuberculosis, by gifts of milk and other foods under the direction of the Tuberculosis Officer. Certain appliances are also obtained by them from the British Red Cross Society.

(c) *The National Society for Prevention of Cruelty to Children.* Has, through Inspector Nottingham given much assistance in investigating and causing amelioration in cases of gross neglect

brought to his knowledge through the School Medical Service.

A grant is paid to the Education Authority in respect of their expenditure on the School Medical Service under the Elementary Education (substantive grant) regulations, and is calculated on the basis of one half of the entire expenditure, and is payable by instalments during the year.

School Closure and Incidence of Notifiable Infectious Disease amongst Schools.

Although there was a large amount of Scarlet Fever and Chicken Pox in the schools it was not found necessary to close any departments for these diseases. But Bennerley Infants' School had to be closed for Measles from December 16th, 1924 to January, 6th 1925.

The following table shows the number of children found suffering from notifiable Infectious Diseases and by Schools :—

		Schools.											
DISEASE.		Bennerley	Trinity	Granby	Chaucer	Hallcroft	Gladstone	Catholic	Kensington	Hallam Fields	Private	TOTAL	
Chicken Pox ..	..	1	9	4	7	2	29	1	2	—	1	56	
Scarlet Fever ..	..	5	8	5	13	5	16	3	8	2	2	67	
Diphtheria ..	..	1	—	—	—	1	1	—	1	1	—	5	
Erysipelas ..	..	—	—	—	—	—	1	—	—	—	—	1	
Pneumonia ..	..	1	—	—	—	—	1	—	—	—	—	2	
TOTALS ..	..	8	17	9	20	8	48	4	11	3	3	131	

Employment of Children of School Age.

OCCUPATION.	BOYS.	GIRLS.	TOTAL.
Newspaper sellers	108	10	118
Firewood	4	2	6
Milk sellers	2	—	2
Meat sellers	4	—	4
Groceries (delivering)	7	—	7
Bread „	2	—	2
Coal „	—	—	—
Telegrams „	2	—	2
Assisting Caretaker	1	—	1
Domestic duties	—	1	1
Errands	3	—	3
TOTALS	133	13	146

Mortality Amongst Children of School Age.

The causes of death amongst the 12 children who died during the year are as follows :—Bronchitis 1, Broncho-Pneumonia 2, Whooping Cough 1, Meningitis due to Chronic Ear Disease 1, Violence 1, Cerebral Congestion 1, Valvular Disease of the Heart 4, Tubercular Peritonitis 1.

Summary of School Nurses' Work for 1924.

	Nurse Sherlock.	Nurse Shakspeare,	Nurse Blair.	TOTAL
Visits <i>re</i> School Absentees ..	98	272	214	584
Visits <i>re</i> Infectious Disease ..	36	67	74	177
Visits <i>re</i> Medical Inspection Defects	50	56	114	220
Visits <i>re</i> Inspection for Cleanliness	3	9	8	20
Visits to Schools for Medical Inspection	39	30	18	87
Visits to Schools for Cleanliness	67	35	36	138
Special visits to Schools ..	8	45	47	100
Number of children examined for Cleanliness	13,757	8,281	9,761	31,799
Number of Notices issued <i>re</i> Verminous Conditions ..	224	276	173	673
Number of Notices issued <i>re</i> other Defects	59	20	154	233
Attended Refraction Clinics ..	11	—	—	11
Visits <i>re</i> Refraction Cases ..	25	25	63	113
Visits to schools for Dental Inspections	—	—	3	3
Attended School Clinics ..	88	3	3	94
Attendance of Children daily for Treatment	2,568	—	—	2,568
Attended Derby Clinic <i>re</i> Tonsil and Adenoids Operations ..	—	4	4	8
Visits <i>re</i> Tonsil and Adenoid Operations	16	63	55	134
Visit to Wembley	—	1	—	1

The School Nurses work in close co-operation with the School Attendance Department. In cases of illness and more especially during epidemics of Measles, Whooping Cough, Mumps, etc., the School Nurses act as Attendance Officers by investigating absence of children on account of illness. Each morning the School Attendance Officer sends the names of children to be visited and a report is given. It will be seen by the above summary that 584 visits were made regarding children absent on account of illness, 177 on account of infectious disease, and 220 regarding medical inspection defects.

The following is an analysis of 761 visits paid by School Nurses to absentees from school on medical or alleged medical grounds.

Infectious Diseases	..	165	Boils	..	..	..	4
Inf. Diseases Contacts	..	19	Headache	..	..	..	3
Contagious Diseases	..	19	Neuralgia	..	..	..	1
Influenza	..	93	Injuries and Sprains	..	..	..	17
Rashes not Defined	..	4	Burns and Scalds	..	..	..	5
Bronchitis	..	20	Septic Wounds	..	..	..	28
Coughs and Colds	..	141	Pyrexia	..	..	..	11
Pneumonia	..	4	Enlarged Tonsils	..	..	..	4
Tonsillitis	..	43	Earache	..	..	..	2
Adenitis	..	10	Digestive Disturbances	..	..	..	3
Toothache	..	2	Operation	..	..	..	2
Conjunctivitis	..	3	Attending Children's Hospital	..	..	..	1
Sickness and Diarrhœa	..	23	Miscellaneous Conditions	..	..	..	23
Jaundice	..	1	Under own Doctor	..	..	..	9
Rheumatism	..	4	To attend Clinic	..	..	..	3
Chilblains	..	2	Fit to return	..	..	..	21
Anæmia	..	1	Out or returned to School	..	..	..
Debility	..	10	when visited	..	..	..	60

The School Clinic.

The work of the Clinic consists in the examination of school children referred as unable to attend school, and those brought by parents for advice and treatment. In addition to granting exclusion certificates the Clinic arranges for the treatment of minor ailments including such conditions as Blepharitis, Conjunctivitis, Keratitis, Eczema and other skin diseases, Ringworm, Scabies, Impetigo, Septic sores or cuts, Burns, Abscesses and certain diseases of the ear, such as Otorrhœa, etc., and other miscellaneous conditions,

A register is kept of attendances and a list given to the Attendance Officer twice a week, with name, address, school, disease and period of exclusion. Children suffering from acute diseases are given general advice and referred to their own doctor. Large numbers attended the Clinic. The total attendance at the School Medical Officer's Clinic was 2,437, and the individual number of children seen was 1,063. The total attendance of cases treated by the School Nurse was 2,568.

Nurse Sherlock conducts a Daily Clinic each school morning at 10 a.m. and the School Medical Officer attends twice a week on Tuesday and Thursday mornings.

The School Clinic is becoming far too overcrowded and the Educational work of instructing parents is hindered in consequence. There is a tendency for certain parents to bring their children to the Clinic for examination and advice who can well afford to pay their own doctors for these services. The amount of money collected in the Clinic Box last year amounted to 4/5 though there were 5,005 attendances by 1,063 children.

Provision of Spectacles.

The Refraction of children's eyes is performed by the Education Committee's Ophthalmic Surgeon, Dr. Carr, at the School Clinic free of charge. A prescription is given, and the parents obtain the spectacles at a cost to themselves of 4/6 to 8/6 from a firm of local opticians who quote special prices for school children sent by the Education Committee. In necessitous cases, free or partially free spectacles are granted by the Education Committee.

Provision for Operation on Tonsils and Adenoids.

The Education Committee continued the arrangement with the Derbyshire County Council to enucleate Tonsils and Adenoids at the Derby Clinic for a sum of £1 11s. 6d. per operation. Only a small part of the total sum of £33 14s. 3d. was recovered from the parents, namely, £5 17s. 0d., for as a general rule all that they can afford to pay is 5/- or 7/6. In addition to this arrangement a certain number of delicate children are sent to the Nottingham Ear, Nose and Throat Hospital for in-patient treatment.

Provision for the Treatment of Ringworm.

X-Ray treatment is given by the Education Authority at the Derby Clinic free of charge. The cost to the Education Committee is 30/- per case.

Provision for Dental Treatment.

Mr. A. L. Hodgkinson, a local dental practitioner, acts as the Education Authority's Dental Surgeon in the place of Mr. F. H. Morrell, who resigned.

The Authority allows one session a week of $2\frac{1}{2}$ hours for school dental work which is not nearly enough if this Service is to be of real benefit to the children. Dental treatment is free of charge.

Provision for the Diagnosis, Observation and Treatment of Tuberculosis.

Dr. B. S. Nicholson, the County Tuberculosis Officer, attends the Tuberculosis Dispensary once a week. He sees and advises on cases referred to him by the School Medical Officer, and by local practitioners. Many inceptant cases of Tuberculosis have been under his observation and treatment in this way. When cases are too ill to attend the Dispensary he visits them in their own homes assisted by a County Nurse. A table in the Annual Health Report (bound with this Report) shows the work he has done for children under 15 years of age.

Provision for General Medical and Surgical Treatment.

This is carried out at the local Hospital or at the Hospitals in Nottingham and Derby—Orthopædic cases are sent (through Inspector Nottingham, of the National Society of Prevention of Cruelty to Children) to the Birmingham Orthopædic Hospital. The School Medical Officer sends a note to the Physician or Surgeon with each child requiring surgical or medical attention, to briefly explain the case—very valuable work is done at these Hospitals.

Provision of First Aid Dressings.

These are supplied and kept in stock by the Head Teachers of all Departments who obtain them from the School Clinic.

Routine Medical Inspection of School Children.

The scope of Medical Inspection consists in the examination of groups, known as "Entrants," "Intermediates" and "Leavers," particulars of which are given in Table I. at the end of this Report. The total number of routine Medical Inspections for 1924 was "Entrants" 556, "Intermediates" 617, "Leavers" 496, other Routine Inspection 183. Special examinations number 127, re-examinations 1,111, and the total number of individual children inspected was 2,390 out of a register of 5,833.

A list is obtained from the Head Teacher of children who should be medically examined, after which a date is fixed for the inspection between the hours of 9 a.m. and 12 a.m. and 2 p.m. to 4 p.m. A Notice is sent to the parents intimating the time of the examination and on the back of this notice the information is requested about previous illnesses of the child.

Inspections are held in the Head Teacher's Room ; but in one or two of the older schools where there is no Teacher's Room, a class room has to be used. The School Nurse visits a school a day or two before an inspection to record the height and weight, and to test the vision of the older children with Snellen's types.

A detailed return of defects found in the course of Medical Inspection is shown in Table II.

Physically Defective Children.

A large amount of crippling is due to Rickets—a preventible disease provided that proper nourishing food is obtainable combined with good sanitation in its broadest sense, which includes the education of the people as to general Hygiene and Dietary. The other cause of crippling is mostly due to Infantile Paralysis. This complaint needs careful and protracted treatment with splinting and massage, and in some cases electricity which many children cannot obtain systematically for sufficiently long periods.

Medical Inspection Returns

TABLE I.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	556
Intermediates	617
Leavers	496
TOTAL ..	1,669
Number of other Routine Inspections ..	183

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,279
Number of Re-Inspections	1,111

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases.

GROUP. (1)	NUMBER OF CHILDREN		Percentage of Children found to require Treatment. (4)
	Inspected (2)	Found to Require Treatment (3)	
<i>Code Groups :—</i>			
Entrants	556	64	11·5
Intermediates	617	62	10·4
Leavers	496	59	11·8
Total (Code Groups)	1,669	185	11·08
Other Routine Inspections ..	183	41	22·4

TABLE II.

DEFECT OR DISEASE.	ROUTINE INSPECTION		SPECIALS.	
	No. of Defects.		No. of Defects.	
	Re-quiring Treat-ment.	Requiring to be kept under ob-servation but not requiring Treatment	Re-quiring Treat-ment.	Requiring to be kept under ob-servation but not requiring Treatment
Malnutrition	5	28	13	—
Uncleanliness	15	—	20	—
Ringworm—Scalp	5	—	28	—
Body	—	—	1	1
Skin {	Scabies	1	8	—
	Impetigo	2	37	—
	Other Diseases (Non-Tuberculous)	5	80	6
	Blepharitis	7	5	—
Eye {	Conjunctivitis	1	5	1
	Keratitis	—	—	—
	Corneal Opacities	1	—	—
	Defective Vision (excluding Squint)	51	51	22
Ear {	Squint	25	1	—
	Other Conditions	3	7	1
	Defective Hearing	2	3	2
	Otitis Media	21	59	—
Nose and Throat {	Other Ear Diseases	—	8	4
	Enlarged Tonsils only	22	29	2
	Adenoids only	1	14	2
	Enlarged Tonsils and Adenoids	36	19	—
Enlarged Cervical Glands (Non-Tuberculous)		1	—	6
Defective Speech		—	—	—
Teeth—Dental Diseases		37	64	—
Heart & Circ-ulation {	Heart Disease Organic	—	15	7
	Functional	—	—	—
	Anæmia	—	34	1
Lungs {	Bronchitis	6	47	5
	Other Non-Tuberculous Diseases	—	6	8
	Pulmonary : Definite	—	—	—
	Suspected	1	—	8
Tuber-culosis {	Non-Pulmonary : Glands	—	1	1
	Spine	—	—	—
	Hip	—	—	—
	Other Bones and Joints	—	1	—
Nervous System {	Skin	—	1	—
	Other Forms	—	—	—
	Epilepsy	—	1	—
	Chorea	3	19	—
Deformities {	Other Conditions	2	8	8
	Rickets	2	6	2
	Spinal Curvature	1	1	—
Other Defects and Diseases		—	3	1
		34	25	339
				220

TABLE III.—Numerical Returns of all Exceptional Children in the Area in 1923.

			Boys	Girls	Total
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ..	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ..	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ..	—	—	—
		Attending Public Elementary Schools	1	—	1
		At other Institutions ..	2	3	5
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf) ..	(ii) Suitable for training in a (School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ..	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	54	69	123
		At other Institutions ..	2	—	2
		At no School or Institution	2	2	4
	Notified to the Local Control Authority during the year ..	Feeble-minded	—	—	—
		Imbeciles	2	—	2
		Idiots	—	—	—
Epileptics ..	..Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics ..	—	—	—
		In Institutions other than Certified Special Schools ..	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	2	—	2
	Suffering from Epilepsy which is not severe	Attending Public Elementary Schools	2	—	2
		At no School or Institution	—	—	—

TABLE III.—continued.

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuber- culosis	At Sanatoria or Sanatorium			
		Schools approved by the			
		Ministry of Health or the			
		Board	—	—	—
		At other Institutions ..	1	—	1
		At no School or Institution	2	2	4
	Non-infectious but active pulmonary and glandular tuber- culosis	At Sanatoria or Sanatorium			
		Schools approved by the			
		Ministry of Health or the			
		Board	—	—	—
		At Certified Residential Open			
		Air Schools	—	—	—
		At Certified Day Open Air			
		Schools	—	—	—
		At Public Elementary			
		Schools	8	6	14
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Delicate children (<i>e.g.</i> , pre-or latent tuber- culosis, malnutrition debility, anæmia, etc.	At Certified Residential Open			
		Air Schools	—	—	—
		At Certified Day Open Air			
		Schools	—	—	—
		At Public Elementary Schools	31	46	77
		At other Institutions ..	—	—	—
		At no School or Institution ..	—	2	2
	Active non-pulmonary tuberculosis ..	At Sanatoria or Hospital			
		Schools approved by the			
		Ministry of Health or the			
		Board	1	—	1
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	1	1
		At no School or Institution	4	—	4
	Crippled Children (other than those with active tuber- culous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	—	—	—
		At Certified Residential			
		Cripple Schools	—	—	—
		At Certified Day Cripple			
		Schools	—	—	—
		At Public Elementary Schools	14	8	22
		At other Institutions ..	1	2	3
		At no School or Institution	1	5	6

TABLE IV.

Treatment of Defects of Children during 1924.

A.—Treatment of Minor Ailments.

DISEASE OR DEFECT. (1)	Number of Defects treated, or under treatment during the year		
	Under the Au- thority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	24	2	26
Body	2	1	3
Scabies	6	4	10
Impetigo	37	2	39
Other skin disease	18	19	37
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	63	20	86
<i>Minor Ear Defects</i>	66	14	80
(e.g., minor injuries, bruises, sores chilblains, etc.)	53	19	72
TOTAL ..	269	81	350

B.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

DEFECT OR DISEASE. (1)	NO. OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Other-wise. (4)	Total. (5)
Errors of Refraction including Squint), (Operations for squint should be recorded separately in the body of the Report).	141	3	—	144
Other Defect or Disease of Eyes (excluding those recorded in Group I.) ..	41	—	—	41
TOTAL ..	182	3	—	185

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	101
(b) Otherwise	3

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	77
(b) Otherwise	3

C.—Treatment of Defects of Nose and Throat.

Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)	Received other forms of Treatment (4)	Total number treated. (5)
33	17	50	—	50

D.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups											
5	6	7	8	9	10	11	12	13	14		
—	175	174	132	143	140	109	42	—	—	Total ..	915
										Specials	208
										GRAND TOTAL	1,123

(b) Found to require treatment 736

(c) Actually treated 624

(d) Re-treated during the year as the result of periodical examination 160

(2) Half-days devoted to :—

Inspection	6	}	Total	49
Treatment	43			

(3) Attendances made by children for treatment 624

(4) Fillings :

Permanent teeth	157	}	Total	312
Temporary teeth	155			

(5) Extractions :

Permanent teeth	58	}	Total	842
Temporary teeth	784			

(6) Administrations of general anæsthetics for extractions .. Nil.

(7) Other operations (Dressings and Scalings) :—

Total 22

E.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses.	6.9
(2)	Total number of examination of children in the Schools by School Nurses.	31,799
(3)	Number of individual children found unclean.	379
(4)	Number of children cleansed under arrangements made by Local Education Authority	Nil.
(5)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921.	Nil
	(b) Under School Attendance Bye-Laws (fined 5/-)	1



